



केन्द्रीय विद्यालय संगठन / KENDRIYA VIDYALAYA SANGATHAN

(Min. of HRD, Deptt. of Education, Govt. of India)

18-संस्थागत क्षेत्र / 18-Institutional Area

शहीद जीत सिंह मार्ग / Shaheed Jeet Singh Marg

नई दिल्ली - 110016 / New Delhi - 110016

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www.kvsangathan.nic.in

No.F.110355/01/2013/KVS(HQ)/Sports/NSM-2014 / 595-96

Dated: 16/09/2014

Email/Speed Post

The Deputy Commissioner,  
Kendriya Vidyalaya Sangathan

All Regions

**Sub:- 45<sup>th</sup> KVS National Sports Meet-2014 regarding-reg.**

Madam/Sir,

In continuation of this office letter of even number dated 17.07.2014 regarding subject cited above, the following corrections may please be noted:-

Page no. of letter Dt	Existing Version	Correct Version
17.07.14		
Page No. 14(Sl.No.22), and page no. -19	Roop Skipping-08 Players	Roop Skipping-06 Players
Page No.09	Annexure-II – format for participation in SGFI	Revised Format for participation in SGFI is enclosed.

Other contents of the letter dated 17/07/2014 remain the same. These changes may please be brought to the notice of all concerned.

This is for your information and necessary action at your end.

Encl: As above (1)

Your's faithfully,

  
(P.K.Koul) 16/9/14

Deputy Commissioner (Acad)

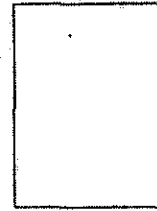
Copy to:-

1. The PS to Addl. Commissioner (Acad), KVS(HQ), New Delhi.

Format

State/UT/Unit.....

NATIONAL SCHOOL GAMES 20.... To 20....  
Under the aegis of School Games Federation of India



Latest Photo name  
With date duly  
Attested by the principal  
Head Master with Stamp

Certificate of Eligibility

Age Group under .....Boys /Girls

01	Name of the Participants (In Block Letters)	
02	Father's Name (In Block Letters)	
03	Name of the Institution (In Block Letters)	
04	Institutional Full Address (In Block Letters)	
05	Institution Phone No. with Code No.	
06	Last Year Registration No. SGFI	
07	Date of Birth (i) In Fig.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	(ii) In Words	
08	Discipline	
09	Pass Port No. (if available)	
10	Age in Completed years as on 31 <sup>st</sup> December	Year
		Month
		Days
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
11	Home Address in Full & Phone / Mob. No. (In Block Letters)	
12	Admission No. & Year	
13	Date of Joining the School	
14	Standard & Section Studying this year	
15	Standard Studying last year	
16	Personal Identification Marks :	1.
		2.
17	Signature of the Participants	

Certificate: 1. Certified that the above participant is a bonafide student of this Institution for the academic year.  
2. Certified that I have personally verified the admission records maintained in the School and found correct.  
3. Certificate that it is understood in the event of information furnished above found to be partly or wholly untrue, the above students is liable to be disqualified for a period of two years in case the students is a member of the team, then the participant is liable to be disqualified as a whole.

Signature of Competent Authority  
of State/UT/Unit with Seal

Signature with Seal  
Manager / Coach  
Post / Desn.....

Signature with Seal of the  
Head of Institution/Principal  
Head Master

For Office Use Only	Name of Invigilator .....	Sign. of Invigilator.....
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